

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532897

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24	1							74					
25		1						75					
26			1					76					
27				1				77					
28					1			78					
29						1		79					
30							1	80					
31							1	81					
32							1	82					
33							1	83					
34							1	84					
35							1	85					
36							1	86					
37							1	87					
38							1	88					
39							1	89					
40							1	90					
41							1	91					
42							1	92					
43							1	93					
44							1	94					
45							1	95					
46							1	96					
47							1	97					
48							1	98					
49							1	99					
50							1	100					
TOTAL IND.	1												
TOTAL DEP.	22												
TOTAL CLAIMS	23												